APPLICATION FOR FLORIDA DEATH RECORD
Florida Department of Health - Vital Statistics
83 Pondella Road - North Fort Myers, FL 33903
Monday to Friday - 9:00 am to 4:00 pm
Phone: (239) 332-9572 **Website:** www.leechd.com

Florida HEALTH
Lee County

IMPORTANT: Read the entire application before completing

Requirement for ordering: If applicant is the parent, sibling, grandparent/child or legal representative, then the applicant must complete this application and provide a copy of a **valid photo identification along with any other documentation required**. If requesting Cause of Death and the applicant is not one of the above, the Affidavit to Release a Death Certificate must be completed by an authorized person and submitted in addition to this application form. Acceptable forms of identification are the following: **Driver's License**, **State Identification Card**, **Passport**, **and/or Military Identification Card.**

APPLICANT INFORMATION

YOUR FULL NAME (if funeral home, include name of funeral home)

STREET ADDRESS

CITY	STATE	ZIP	PHONE NUMBER ( )

I am requesting the death certificate of:

☐ **My parent**   ☐ **My spouse** ☐ **My child** ☐ **My brother/sister** ☐ **My grandparent** ☐ **My grandchild**

☐ **I am the authorized agent, beneficiary, or executor and a copy of the legal document is attached.**

☐ **I am the Funeral Home of Record and I am representing** _____ **who is the** _____ **of the decedent. My license number is** _____.

☐ **I am an attorney and legal representative. I am representing** _____ **who is the** _____ **of the decedent. My license number is** _____.

☐ **None of the above. (You may only obtain a certificate without the cause of death.)**

The Cause of Death is CONFIDENTIAL. I understand that by signing this application, the information that I provide is accurate to the best of my knowledge. Further, I understand that any person who willfully and knowingly provides any false information on a certificate, record or report required by Chapter 382, Florida Statutes, or on any application or affidavit, or who obtains confidential information from any Vital Record under false or fraudulent purposes, commits a felony of the third degree, punishable as provided in Chapter 775, Florida Statutes.

SIGNATURE:_____   **DATE:**_____

DEATH RECORD

FIRST	MIDDLE	LAST	SUFFIX

GENDER	DATE OF DEATH			Please note that **only death records from 2009 to present are available at this location.** Certificates of deaths prior to 2009 must be ordered from Jacksonville.
	MONTH	DAY	YEAR	
☐ **Male** ☐ **Female**				

SOCIAL SECURITY NUMBER	PLACE OF DEATH HOSPITAL OR CITY AND COUNTY	STATE TRACKING NO.

ORDER

WITH Cause _____	**Certificate No:** to
WITHOUT Cause _____	**Certificate No:** to

TOTAL # of Certificates Ordered		**x** **$10.00** **=**	**$**

Payment types accepted: In Person - Cash or Credit Card   [   ] Charge to account (for **Funeral Homes Only**)
By Mail - Money Order or Business Check, **Payable to LCHD** (No personal checks accepted)

INFORMATION AND INSTRUCTIONS FOR DEATH RECORD APPLICATION

AVAILABILITY: Death registration was not required by state law until 1917, however there are some records on file at the State Office of Vital Statistics dating back to 1877

ELIGIBILITY: **WITHOUT** Cause of Death**:**
Any person of legal age (18) may be issued a certified copy of a death record without the cause of death.

WITH Cause of Death:
Death records with the cause of death information may only be issued to the following individuals:

the decedent's spouse or parent; to the decedent's child, grandchild, or sibling, if of legal age (18); to any person who provides a will, insurance policy or other document that demonstrates his or her interest in the estate of the decedent, or to any person who provides documentation that he or she is acting on behalf of any of the above named persons. All requests for certification of a death certificate that includes the cause of death information must include signature of the applicant, state his or her qualifying eligibility, or a notarized Affidavit to Release Cause of Death Information (DH Form 1959), which is available upon request. If after reading above information you are still uncertain regarding your eligibility for cause of death information, call our office (904) 359-6900, extension 9000 for assistance.

The funeral director associated with the funeral home listed on the death record, or attorney representing an eligible person listed above must include their signature, professional license number, and the name and relationship of the person they are representing. If you are the funeral director **not** associated with the funeral home listed on the death record, or an attorney representing someone listed above as eligible to receive cause of death information, then a completed Affidavit to Release Cause of Death Information (DH Form 1959) must accompany this request.

Cause of death information on death records over 50 years old is available to anyone completing an application and submitting the required fee.

NOTE: Florida clerks of court will not accept a death record with cause of death information when filing probate.

INFORMATION NEEDED: A search cannot be made without a decedent's name and year of death. If any of the other items requested on the front of this form are not available, other identifying information (such as parents' names, birthplace, etc.) may be helpful if multiple records are found for common names.

APPLICANT'S SIGNATURE: Applicant's signature is required, as well as his/her name, valid residence address and telephone number.

IF THE CERTIFICATION IS TO BE MAILED TO ANOTHER PERSON OR ADDRESS, USE THE SPACE BELOW TO SPECIFY SHIP TO NAME AND ADDRESS			
FIRST	MIDDLE	LAST	SUFFIX
HOME PHONE NUMBER ( )	ADDRESS		
WORK PHONE NUMBER ( )	CITY	STATE	ZIP